

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #		
I. Type of Notification (O = Original R = Revised C= Cancelled)					
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME:					
Address:					
City:	State:	Zip:			
Contact:		Tel:			
REMOVAL CONTRACTOR:					
Address:					
City:	State:	Zip:			
Contact:		Tel:			
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:		Tel:			
III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=Emer. Renovation)					
IV. IS ASBESTOS PRESENT? (Yes/No)					
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name:					
Address:					
City:	State:	County:			
Site Location:					
Building Size:	# of Floors:	Age in Years:			
Present Use:	Prior Use:				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				LnFt:	Ln M:
Surface Area				SqFt:	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:				Complete:	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				Complete:	